EVIDENCE FOR CHANGE OF AGE + ADDITION OF PARENTS NAMES ISON.

FILM No. G 119 FEB 24 1949

FILM No. G 119 FEB 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

982/167 0864

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Easton
LENGTH OF STAY (in this place): 6mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: H&J Cannery

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): R. F. D. Easton #1

3. NAME OF DECEASED (Type or Print): (First) Lulu (Middle) Mae (Last) ABSON

4. DATE OF DEATH: (Month) Jan. (Day) 30 (Year) 1949

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): [illegible]

8. DATE OF BIRTH: Sept. 1917

9. AGE last birthday: 31 ~~32~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory worker

10b. KIND OF BUSINESS OR INDUSTRY: canning

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard McFadden Husband

14. MOTHER'S MAIDEN NAME: Liza McCleary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab wound of chest

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 1 (Day) 30 (Year) 49 (Hour) 3 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and ~~that~~ death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Louis J. Neely (Degree or title) MD DME ADDRESS: Easton Md DATE SIGNED: 1-31-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE: 2/10/49 NAME OF CEMETERY OR CREMATORY: Cotters Field LOCATION (City, town, or county) (State): Easton Talbot Co Md

DATE REC'D BY LOCAL REG. 2/9/49 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Leon W. Henry ADDRESS: 310 South St. Easton Md.

RECEIVED
FEB 11 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

410/92b

Reg. Dist. No. 0865 290

1. PLACE OF DEATH:

County: Talbot.

City or town: Oxford (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life.

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Oxford (If outside city or town limits, write RURAL and give nearest town)

Street No.: Market St. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Charles Andrew Bailey

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single.

6.(b) Name of husband or wife: None

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 17, 1939

8. AGE:

Years	Months	Days	If less than one day
9	7	8	hrs. min.

9. Birthplace: Oxford, Talbot, Md. (Town, county, and state)

10. Usual occupation: Student

11. Industry or business: —

FATHER
12. Name: Charles Elwood Bailey
13. Birthplace: Oxford, Md.

MOTHER
14. Maiden name: Hytolia Anne Young
15. Birthplace: Philadelphia, Pa.

16. Informant: Charles and Hytolia Bailey

Address: Oxford

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/29/49 (month) (day) (year)

Cemetery or crematory: Screamerville

Location: Oxford. Md

18. Funeral director: Leon W. Henry

Address: 310 South St. Easton, Md.

19. 1/27 1949 (Date rec'd by registrar) N.H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26 1949 at 1 30 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1948 to Jan 25 1949 and that I last saw him alive on Jan 24 1949

Immediate cause of death	DURATION
Cardiac Failure	2 yrs.
Due to Rheumatic Heart Disease with Mitral Stenosis and	2½ yrs.
Due to Insufficiency, Aortic Stenosis & insuff., and	
Other conditions Tricuspid Insufficiency	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: Rheumatic Heart Dis. Passive congestion liver.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Sheyard Keck Jr. M.D. M.D. or other

Address: Easton, Md. Date signed: 1/26/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
FEB 3 1949
BUREAU V. S.

Evidence for change of age shown on: [illegible] G 118 JAN 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331 83a 0866 Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Alice BENSON

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	C	widowed

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21 1869

8. AGE: Years 80 | Months | Days | If less than one day hrs. min.

9. Birthplace Talbot Co. Easton Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Daniel Price
13. Birthplace Talbot Co. Easton, Md.

MOTHER
14. Maiden name Sara Posey
15. Birthplace Talbot Co. Easton, Md.

16. Informant Willson Benson
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-5-49 (month) (day) (year)
Cemetery or crematory Richardson Cemetery
Location Easton Md.

18. Funeral director Talbot Clifford
Address Easton Md.

19. 1/3 (Date rec'd by registrar) 1949 M. A. Meese Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 19 49 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28 19 48, to Jan. 2 19 49
and that I last saw h[illegible] alive on Jan. 2 19 49

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertension	2 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard T. Polk M.D. M. D. or other
Address Easton, Md. Date signed 1/3/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 10 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

776 / 159

0867

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 21 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Caroline / Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Choptank
STREET ADDRESS (If rural, give location) Se Northwest

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) boy (Last) Chance

4. DATE OF DEATH (Month) Jan (Day) 15 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jan 15, 1949

9. AGE last birthday ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours 21 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Talbot County, Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Chance

14. MOTHER'S MAIDEN NAME Betty Mae Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Edward Chance

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval between onset and death: 9 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1949, to 1/15, 1949, that I last saw the deceased alive on 1/15, 1949, and that death occurred at 11:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John E. Baylett M.D. Easton Md 1/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE 1/16/49

NAME OF CEMETERY OR CREMATORY Memorial Hospital

LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 1/16/49

REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR Memorial Hospital

ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 / 830 0868

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Md. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton R.F.D. #2
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) (Last) Copper

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1949

5. SEX Female
6. COLOR OR RACE a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH ABT 1884
9. AGE last birthday 65 yrs. If under 1 year Months – Days – If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Copper
14. MOTHER'S MAIDEN NAME Martha Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) –
16. SOCIAL SECURITY NO. No
17. INFORMANT Miss Martha Copper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1½ hr
Antecedent cause(s)	(b) Coronary Thrombosis	5 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1946, to 1-31, 1949, that I last saw the deceased alive on 1-31, 1949, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE Martin F Buell (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 2-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan-5-1949
NAME OF CEMETERY OR CREMATORY Richson.
LOCATION (City, town, or county) Easton Md. (State)

DATE REC'D BY LOCAL REG. 2/2/49
REGISTRAR'S SIGNATURE N. H. Nearus
24. FUNERAL DIRECTOR James F. Stewart, 402 E. Church St. Salisbury, Maryland ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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1949
63
1884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0869

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133 b

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot County

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 days

Hospital, institution, or street address where death occurred: Easton Memorial Hospital

How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Hillsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME James Oliver Eveland

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mrs Laura Eveland

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 22, 1917

8. AGE: Years 31 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Greensboro Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Mr John Eveland
13. Birthplace: Penn

MOTHER
14. Maiden name: Cordia Doty
15. Birthplace: New York

18. Informant: Mrs Laura Eveland
Address: Hillsboro Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan 9, 1949 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Hillsboro, Maryland

18. Funeral director: J. Virgil Moore & Son

Address: Denton, Maryland

19. 1/7 1949 (Date rec'd by registrar) N. H. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-6-49 1949 at 9 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 Dec 1948 to 6 Jan 1949

and that I last saw him alive on 6 Jan 1949

Immediate cause of death: Uremia clostridium septicemia due to clostridium welchii

Due to: Perinephric abscess right

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

DURATION
6 days
6 days
12 days

Major findings of operations: Perinephric abscess

Date of op. 3 Jan 49

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Thurston Harrison M.D.
M. D. or other

Address: Easton, Maryland Date signed 6 Jan 49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 0870

940

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bar Neck
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bar Neck
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Lowery (Last) Faulkner

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 15, 1890

9. AGE Last birthday 58 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Talbot Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles L. Faulkner

14. MOTHER'S MAIDEN NAME Virginia Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 218-12-8092

17. INFORMANT V. Edna Faulkner, Bar Neck, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Aboard Boat
(CITY OR TOWN) Bar Neck (COUNTY) Talbot (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 27 Jan 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 1/30/49 | NAME OF CEMETERY OR CREMATORY Methodist Church Cemetery | LOCATION (City, town, or county) Tilghman (State) Talbot Co. Md

DATE REC'D BY LOCAL REG. Jan 31-49 | REGISTRAR'S SIGNATURE T. Jackson | 24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS Lk. Michaels, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 4 1949
BUREAU V. S.

Cor

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170/50

0871

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County: Talbot

City or town: Trappe.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Talbot.

City or town: Easton. Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: August St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Hester Rebecca Gordon

3. (b) Social Security Number

4. Sex: F.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Widowed.

6.(b) Name of husband or wife: G. R. Gordon.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 20, 1866

8. AGE: Years: 82 Months: 4 Days: 2 If less than one day ..... hrs. ..... min.

9. Birthplace: Queen Anne County.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: James T. Mortgage
13. Birthplace: Md.

MOTHER
14. Maiden name: Mollie Ann or Mary R. Porter
15. Birthplace: Md.

16. Informant: Mrs. L. Roy Willis

Address: Easton. Md.

17. Burial. Date thereof: Jan. 4, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centerville Md.

18. Funeral director: Willis Clark

Address: Easton Md.

19. Jan 4 1949 Joseph A. Ross Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2 1949 at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28 1948, to Jan 2 1949 and that I last saw her alive on Jan. 1 1949

Immediate cause of death: Internal hemorrhage — DURATION: 4 hrs

Due to: Carcinoma of breast with metastases in lung — ?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Ross M.D. M. D. or other

Address: Trappe, Md. Date signed: 1/4/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

331 0872

832a

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton / LENGTH OF STAY (in this place) 8 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
HOSPITAL OR INSTITUTION, OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Calvin	(Jno. William)	Griffin	Jan	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored		Unk	Unk yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Unk.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unk.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-vascular hemorrhage	1 Time
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-10, 1949, to 1-11, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis P. Witty M.D.		Easton Md	1-12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/49	Potters Fields	Easton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12/49	N.H. Neeres	Leon W. Henry	310 South St.

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 0873

61 Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hrs. 40 mins

Hospital, institution, or street address where death occurred: Easton Memorial Hospital

How long in hospital or institution? 5 hrs. 40 mins

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talb

City or town McDaniel (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mrs. Ruth Anna Harrison

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mr. Jacob Harrison

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): March 17, 1888

8. AGE: Years 60 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business

FATHER: 12. Name: John W. Dulin

13. Birthplace: Talbot Co. Md.

MOTHER: 14. Maiden name: Jennie Clifton

15. Birthplace: Del.

16. Informant: Mr. Jacob Harrison

Address: McDaniels Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 4, 1949 (month) (day) (year)

Cemetery or crematory: Springhill

Location: Easton Md

18. Funeral director: Newnam & Harrison

Address: St. Michaels. Md

19. 1/3 1949 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 - 1949, at 11 50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-10 1947, to 1-1 1949 and that I last saw her alive on 1-1 1949

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

DURATION: 12 hrs. / yrs.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Martin F Burrell M.D. M. D. or other

Address: Easton Md Date signed 1-3-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 10 1949
BUREAU U. S.

1/18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

416/95b 0874

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot, Easton — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md — LENGTH OF STAY (in this place): 5da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale
STREET ADDRESS (If rural, give location): Rural —

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) ~~Lord~~ — (Last) Franklin Lord

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 31, 1893
9. AGE last birthday: 55 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage owner
10b. KIND OF BUSINESS OR INDUSTRY: Mechanic
11. BIRTHPLACE (State or foreign country): Rhodesdale, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr William Lord
14. MOTHER'S MAIDEN NAME: Mary Stokes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr Wallace Lord. Rhodesdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic heart disease — (?)

(c) Coronary arteriosclerosis — (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jan, 1949, to 23 Jan, 1949, that I last saw the deceased alive on 23 Jan, 1949, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison — (Degree or title) M.D. — ADDRESS: Easton, Maryland — DATE SIGNED: 24 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/26/49 — NAME OF CEMETERY OR CREMATORY: Eldorado — LOCATION (City, town, or county) (State): Eldorado Md

DATE REC'D BY LOCAL REG.: 1/24/49 — REGISTRAR'S SIGNATURE: N. H. Neerus

24. FUNERAL DIRECTOR: J. J. Frampton Ed Son, Federalsburg, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

Seymour 0875

450.0 93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) J. (Last) Parrott
4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Apr 17, 1860
9. AGE last birthday 88 yrs. If under 1 year Months 8 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Slaughter
14. MOTHER'S MAIDEN NAME Tamsey Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. A.H. Slaughter 3006 Woodhome Ave. Balto 14

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Bronchitis	2 wks.
Antecedent cause(s)	(b) Valvular heart	6 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio-Sclerosis	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1940, to Jan., 1948, that I last saw the deceased alive on Dec. 13th, 1948, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour MD ADDRESS Trappe Md. DATE SIGNED 1/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/15/49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Talbot Md. (State)

DATE REC'D BY LOCAL REG. 1/13/49
REGISTRAR'S SIGNATURE N.H. Neirie
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

0876

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115 C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 20 hrs 35 min	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Betty	(Middle) Marie	(Last) Reed	4. DATE OF DEATH	(Month) 1 - (Day) 29 (Year) 1949
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Nov 24, 1932	9. AGE last birthday 16 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Federalsburg, Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Daniel Reed	14. MOTHER'S MAIDEN NAME Hattie Lewis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Daniel Reed.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure under anesthesia (Pentothal Sodium)	immediate
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Fever.	6 Mo ago
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. One tonsil removed, Sudden Cardiac failure

19a. DATE OF OPERATION 1-29-49	19b. MAJOR FINDINGS OF OPERATION Chronic Tonsilitis (One tonsil removed.	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1949, to Jan 29, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 9 45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. E. Lennon	M. D.	Federalsburg	Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/31/49	NAME OF CEMETERY OR CREMATORY Hillcrest Cem.	LOCATION (City, town, or county) (State) Federalsburg, Md.
DATE REC'D BY LOCAL REG. 1/29/49	REGISTRAR'S SIGNATURE N. H. Neeries	24. FUNERAL DIRECTOR J. Harvey Williamson	ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1949
BUREAU V. S.

0877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
94a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural) LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Joseph A. Ross

4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 28 1875
9. AGE last birthday 73 yrs. If under 1 year Months 8 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor.
10b. KIND OF BUSINESS OR INDUSTRY Doctor.
11. BIRTHPLACE (State or foreign country) Williamsport - Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Anthony Philip Ross
14. MOTHER'S MAIDEN NAME Laura Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. J. A. Ross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	immed.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 4300 m., from the causes and on the date stated above.

SIGNATURE Louis J. Shelty (Degree or title) MD Tme. ADDRESS Easton Md. DATE SIGNED 1-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE 1/12/49 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) (State) Easton Talbot - Md.

DATE REC'D BY LOCAL REG. 1/11/49 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR M. E. Neumann & Son ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

241/112

Reg. Dist. No. 290

0878

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton — LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) LELIA	(Middle) C.	(Last) SMITH	4. DATE OF DEATH	(Month) January	(Day) 11	(Year) 1949
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct. 24, 1895	9. AGE last birthday 53 yrs.	If under 1 year Months 2	Days 17	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mary Land	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Robert W. Ewing		14. MOTHER'S MAIDEN NAME Catherine Spurry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Husband - Paul B. Smith	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Pulmonary Edema	5 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	2 weeks.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity + Hyperplasia of Thyroid.	yes.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 6, 1949, to Jan 11, 1949, that I last saw the deceased alive on 1-10, 1949, and that death occurred at 4 00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin F. Buell	MD	40 S. Washington St Easton Md	1-11-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 13, 1949	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton	(State) Md.
DATE REC'D BY LOCAL REG. 1/12/49	REGISTRAR'S SIGNATURE N. H. Neerus	24. FUNERAL DIRECTOR [illegible]	ADDRESS Easton. Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 0879

CERTIFICATE OF DEATH

832

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN - Easton
STREET ADDRESS (If rural, give location) Rural (Cedar Point)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Norman		Straughn	Jan.	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White		ABT. 1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Worker		Caroline County	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Straughn	Mary Pepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs Mamie Straughn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1948, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 31, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. V. Palmer	M.D.	Easton, Md	2/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/2/49	Suddlersville Md	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/49	M.H. Needles	John D. Williamson	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

1949
N7
1897

1/17/49

EVIDENCE FOR CHANGE OF SPELLING IN SURNAME ISON

FILM No. G119 - 3-3-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260/61

0880

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbert; Easton MARYLAND
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 6 days
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) W. SYLVESTER (Last) ~~Slyvester~~
4. DATE OF DEATH (Month) January (Day) 23 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2/3/1874
9. AGE last birthday 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Marksmark
11. BIRTHPLACE (State or foreign country) Caroline County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Trusten Pippin
14. MOTHER'S MAIDEN NAME Anna Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Lillian Meginney, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 7 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — ?

(c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan, 1949, to 23 Jan, 1949, that I last saw the deceased alive on 23 Jan, 1949, and that death occurred at 8 14 A m., from the causes and on the date stated above.

SIGNATURE Thurston Hannan (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 24 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 25 1949
NAME OF CEMETERY OR CREMATORY Greensboro, Md
LOCATION (City, town, or county) Greensboro, Caroline Co. (State)
DATE REC'D BY LOCAL REG. 1-24-49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Virgil Moore, Denton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1949
BUREAU V. S.

12-1-148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

154 460 0881

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 52 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) (Last) Venable

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4-24-1900

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Mr Fred Forbert

14. MOTHER'S MAIDEN NAME: Laura A. Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr Leroy Venable, Fed. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcenoma J rectum — Interval Between Onset and Death: 18 Mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-7-48

19b. MAJOR FINDINGS OF OPERATION: Adenocarcenoma J rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Neither

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, to 1-21-49, that I last saw the deceased alive on 1-21-49, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

SIGNATURE W. L. Noble MD (Degree or title) ADDRESS Easton Md. DATE SIGNED 1/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: 1/24/49 — NAME OF CEMETERY OR CREMATORY: Hickman Md — LOCATION (City, town, or county) (State): Hickman Md

DATE REC'D BY LOCAL REG. 1/22/49 — REGISTRAR'S SIGNATURE: M. A. Nevins

24. FUNERAL DIRECTOR: Harvey Williamson — ADDRESS: Edward Williamson

RECEIVED
JAN 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0882

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Bruce	Wallace	Jan	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Nov. 23, 1885	63 yrs.		13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber		Cambridge Dorchester Co.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wingate Wallace	Mary Katherine Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown)	225-34-6988	Mrs Walter Coburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — Interval between onset and death: 6 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to 1-6, 1949, that I last saw the deceased alive on 1-5, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin F Buell	Md.	Easton Maryland	1-7-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/8/49	Spring Hill	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/7/49	M.H. Norris	Earl W Stafford	Easton Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

8-12-36
1949-X-6
1885-11-23
63-1-13

Evidence for addition of place of death on:

FILM No. G 120 APR 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0883

146
45

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Dec 1, 1948 to Jan 5, 1949

Hospital, institution, or street address where death occurred:
Easton Memorial Hospital

How long in hospital or institution? 1 mo 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
Gracie Wilson

3. (b) Social Security Number

4. Sex: F.

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1906

8. AGE: Years 42. Months Days If less than one day ... hrs. ... min.

9. Birthplace Talbot County
(Town, county, and state)

10. Usual occupation H.W

11. Industry or business

FATHER
12. Name Martin Wilson
13. Birthplace Talbot County

MOTHER
14. Maiden name Hattie Hazelton
15. Birthplace Talbot County

16. Informant Hattie Wilson
Address Trappe Md. Route 3

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 1/ 7/49
(month) (day) (year)

Cemetery or crematory Tuxtown

Location Easton Md R1

18. Funeral director John R. Williams
Address Easton, Md.

19. 1/6 1949
(Date rec'd by registrar)
N. H. Nevins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1949 19 ... at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1 1948, to 1-5 1949

and that I last saw her alive on 1-4 1949

Immediate cause of death Sarcoma, reticular cell, nasopharynx with metastasis to the brain

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Martin F. Buell M.D.
M. D. or other

Address Easton Md Date signed 1-5-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 10 1949
BUREAU OF S